

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213533592</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>CECOS INTERNATIONAL, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2013</b></p> <p>SCC ID NO: <b>F0436511</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>250</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	250
CLASS	AUTHORIZED					
COMMON	250					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 18500 North Allied Way</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Phoenix, AZ 85054</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Frederick J. Burkel  TITLE: PRESIDENT  ADDRESS: 18500 North Allied Way  CITY/ST/ZIP/CO: Phoenix, AZ 85054 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Frederick J. Burkel TITLE: PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Frederick J. Burkel TITLE: PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Brian A Goebel  TITLE: DIRECTOR  ADDRESS: 18500 North Allied Way  CITY/ST/ZIP/CO: Phoenix, AZ 85054 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Brian A Goebel TITLE: DIRECTOR ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Brian A Goebel TITLE: DIRECTOR ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Edward A. Lang, III  TITLE: VP-Finance/ T  ADDRESS: 18500 North Allied Way  CITY/ST/ZIP/CO: Phoenix, AZ 85054 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Edward A. Lang, III TITLE: VP-Finance/ T ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Edward A. Lang, III TITLE: VP-Finance/ T ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Jeff D. Andrews  TITLE: VICE PRESIDENT  ADDRESS: 7025 N. Scottsdale Rd., Ste. 200  CITY/ST/ZIP/CO: Scottsdale, AZ 85253 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Jeff D. Andrews TITLE: VICE PRESIDENT ADDRESS: 7025 N. Scottsdale Rd., Ste. 200 CITY/ST/ZIP/CO: Scottsdale, AZ 85253	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Jeff D. Andrews TITLE: VICE PRESIDENT ADDRESS: 7025 N. Scottsdale Rd., Ste. 200 CITY/ST/ZIP/CO: Scottsdale, AZ 85253	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Brian A. Bales  TITLE: VICE PRESIDENT  ADDRESS: 18500 North Allied Way  CITY/ST/ZIP/CO: Phoenix, AZ 85054 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Brian A. Bales TITLE: VICE PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Brian A. Bales TITLE: VICE PRESIDENT ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Tim M. Benter  TITLE: VP/Asst. Sec  ADDRESS: 18500 North Allied Way  CITY/ST/ZIP/CO: Phoenix, AZ 85054 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Tim M. Benter TITLE: VP/Asst. Sec ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Tim M. Benter TITLE: VP/Asst. Sec ADDRESS: 18500 North Allied Way CITY/ST/ZIP/CO: Phoenix, AZ 85054	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Justin Boswell VICE PRESIDENT 832 Langsdale Ave. Indianapolis, IN 46202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. T. Eggleston, Jr. VP/Asst. Sec 18500 North Allied Way Phoenix, NJ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James H Olson VICE PRESIDENT 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jack Perko VICE PRESIDENT 3351 Highway 51 Fort Mill, SC 29715	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael P. Rissman VP/Asst. Sec 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew J Sweet VP/Asst. Sec 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence Focazio VP - Tax 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eileen B Schuler SECRETARY 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marsha A. Lacy ASST TREASURER 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Eileen B Schuler SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Eileen B Schuler, PRINTED NAME AND CORPORATE TITLE	7/20/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			